Express Mail Mailing Label No.: EV899555535US

<u> </u>			·					
ETITION FOR EXTENSION C	F TIME UNDER	37 CFR 1.136(a	Attorney Doc WYE-032	ket Number				
	In re Appl	In re Application of Brown et al.						
	Application	Application Serial No. 10/770,726						
	Filed: Feb	Filed: February 4, 2004						
	Group Art	Unit: 1643	Examiner: Hump	hrey, David Harold				
This is a request under the provision above entitled application.	s of 37 CFR 1.136(a	a) to extend the	period for filing a	response in the				
The requested extension and approprocedure (check time period desired)	riate non-small-entit	ty fee are as foll	ows					
One month (37 CFR 1.17(a)(1			\$					
Two months (37 CFR 1.17(a)(2))				\$				
Three months (37 CFR 1.17(a)	\$							
Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5))				\$ \$ \$ 2,160.00				
☐ Three months (37 CFR 1.17(a)(3)) \$ ☐ Four months (37 CFR 1.17(a)(4)) \$ ☑ Five months (37 CFR 1.17(a)(5)) \$ 2,160.00 ☐ Applicant claims small entity status under 37 CFR 1.27,								
therefore the fee amount shown above is reduced by one-half. \$ ()								
		EXTE	NSION FEE DUI	£ \$ 2,160.00				
A check in the amount of the fe	e is enclosed							
		he required for	to Donosit					
The Commissioner is hereby au Account No. 50-1721. Enclose	_	-	to Deposit					
The Commissioner is hereby au may be required, or credit any c								
Return receipt postcard enclose	d.							
I am the assignee of record o	of the entire interest.							
applicant.								
attorney or agent of record. attorney or agent under 37 CFR 1.34(a).								
	ber if acting under 37		_					
CORRESPONDENCE ADDRESS		SIGNATURE BL	OCK					
Direct all correspondence to: Patent Admir	nistrator			ally submitted,				
Kirkpatrick & Graham LLI	k Lockhart Nicholson P	Date: November 22	2006 Bi Fant					
	inancial Center F	Reg. No. 48,645	Brian A. Fa					
One Lincoln Boston, MA		Tel. No.: (617) 261- Fax No.: (617) 261-		r Applicants & Lockhart Nicholson				
Tel. No.: (61	7) 261-3100	(01.) 201	Graham L	LP				
Fax No.: (617	/) 261-3175		State Street One Lincol	Financial Center n Street				
				02111-2950				

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WE STATE OF THE ST				Complete if Known			
DA TON A NICH AT TOWN A I	Application	Application Serial Number		10/770,726			
FÉE\TRANSMITTAL	Filing Date			February 4, 2004			
NOV 2 2 2006 W FY 2006 First Name							
NOV 2 2 1000 m 1 1 2000	Group Art	Unit 1643					
Examiner i		Vame		Humphrey, David Harold			
	Attorney D	ocket No. WYE-032					
METHOD OF PAYMENT		FEE CALCULATION (continued)					
1. A Payment Enclosed:		3. ADDI					
☐ Check ☐ Money Order ☐ Other		Large	Small				
Z check Money order other		Entity	Entity				
2. The Commissioner is hereby authorized to credit		Fee	Fee	Fee Description	Fee Paid		
or charge any fee indicated below for this submission to		(\$)	(\$)				
Deposit Account No. 50-1721.							
Required Fees (copy of this sheet enclosed)	130	65					
Additional fee required under 37 CFR 1.16 and		50	25	5 F			
1.17.				or cover sheet			
Noverpayment Credit.	130	130	5 .				
3. Applicant claims small entity status.	2,520	2,520	•				
FEE CALCULATION	120	60	• •				
FILING/SEARCH/EXAM/SIZE FEES		450	225				
Laura Padda		1020		month			
Large Entity	as Do'd	1020	510	• •			
Fee (\$) Fee Description F	ee Paid	1590	795	Extension for reply within fourth month			
		2160	1080		2,160.00		
300 Utility filing fee	-	500	250		2,100.00		
500 Utility search fee		500	250	• •			
200 Utility exam fee		1000	500				
250 Utility size fee (each add 150 pgs. over 100)		400	400	•			
200 Design filing fee		200	200	Petitions to the Commissioner (Gp. II)			
100 Design search fee		130	130				
130 Design exam fee		180	180				
Design size fee (each add'150 pgs. over 100)	•			Statement			
		790	395	O .	<u> </u>		
Number Number Rate	Amount	790	395	rejection (37 CFR 1.129(a)) For each additional invention to be			
Filed Extra	Amount	790	393	examined (37 CFR 1.129(b))			
Total Claims - 20 = x \$ 50.00 =		100	100	, , , , , , , , , , , , , , , , , , , ,			
- 20 2 X \$ 50.00 =			•••	applicant's error			
Independent		130	65	Submission of Terminal Disclaimer			
Claims $-3 = x $200.00 =$		Other fee (
	Other fee (S	Specify)					
Multiple Dependent Claim(s), if any \$360.00 =							
TOTAL: SMALL ENTITY DISCOUNT:							
	0.00						
2. AMENDMENT CLAIM FEES							
Claims Highest No. Present Rate							
Remaining Previously Extra				, ,			
After Amend. Paid For							
Total - = x \$ 50.00 =				SUBTOTAL (1)	0.00		
Indep = x \$200.00 =				SUBTOTAL (2)			
First Presentation of Multiple Dep. Claim + \$360.00 =				SUBTOTAL (3)	2,160.00		
TOTAL: (\$)							
SMALL ENTITY DISCOUNT: (\$)			· · · · · · · · · · · · · · · · · · ·				
SUBTOTAL (2) (\$)			TOTAL (\$)				
CORRESPONDENCE ADDRESS			SIGNATURE BLOCK				
Direct all correspondence to:	Respectfully submitted,						
Patent Administrator	Date: November 22, 2006						
Kirkpatrick & Lockhart Nichol	Reg. No.: 48,645 Brian A. Fairchild						
Graham LLP State Street Financial Center	Tel. No.: (617) 261-3169 Attorney for the Applicants For No.: (617) 261-3175 Kirkmatrick & Lockbart Nicholson						
One Lincoln Street	Fax No.: (617) 261-3175 Kirkpatrick & Lockhart Nicholson Graham LLP						
Boston, MA 02111-2950			State Street Financial Cen	ter			
Tel. No.: (617) 261-3100			One Lincoln Street				
Fax No.: (617) 261-3100				Boston, MA 02111-2950			
				20000., 02 2/50			